

## **MEMBER APPEAL RIGHTS**

If you agree with the decision, you do not need to take any further action. If you think the decision is wrong, you can appeal and ask for a hearing. You may have an appeal hearing with an Administrative Law Judge. You may represent yourself, or have a lawyer, a relative, a friend or other spokesperson assist you as your authorized representative.

### **How to Appeal:**

1. You must ask for a hearing in writing. This is called a **LETTER OF APPEAL**.
2. Your letter of appeal must include:
  - a. Your name, address, phone number and Medicaid number;
  - b. Why you want a hearing; and
  - c. A copy of the front page of the notice of action you are appealing.
3. You may ask for a telephone hearing rather than appear in person.
4. Mail or fax your letter of appeal to:

**OFFICE OF ADMINISTRATIVE COURTS**  
**1525 SHERMAN STREET, 4<sup>th</sup> FLOOR**  
**DENVER, CO 80202**  
**FAX 303-866-5909**
5. Your letter of appeal **must be received** by the Office of Administrative Courts no later than thirty (30) calendar days from the date on this notice of action. The date of the notice of action is located on the front of this notice.
6. The Office of Administrative Courts will contact you by mail with the date, time and place for your hearing with the Administrative Law Judge.

**Continued Benefits:** To continue receiving the denied services listed on the notice, you must file your request for a hearing in writing no later than 30 calendar days after the date on the front of this notice. You may continue receiving services while you are waiting for a decision on your appeal. If you lose your appeal, you must pay back the cost of the services you received during the appeal. If you win your appeal, the State will pay your provider for the service(s) you received during your appeal process. Your provider is responsible for reimbursing you for the amount you paid them during your appeal.

If you have questions about this process, please call:

### **CUSTOMER SERVICE:**

**303-866-3513 (within the Denver Metro area)**  
**1-800-221-3943 (outside the Denver Metro area)**  
**Se Habla Espanol**

### **DISCRIMINATION**

If you believe that you have been discriminated against because of race, color, sex, age, religion, national origin, or disability, you have the right to file a complaint with: the U.S. Department of Health & Human Services, Office for Civil Rights, 1961 Stout Street, Room 1426, Denver, CO 80294. Voice phone 303-844-2024 or TDD 303-844-3439. If you have any questions, or need help to file your complaint, call OCR toll-free at 1-800-368-1019 (voice) or 1-800-537-7697 (TDD). You may also send an email to [OCRcomplaint@hhs.gov](mailto:OCRcomplaint@hhs.gov).

### **STATEMENT OF PENALTIES**

If you make a willfully false statement or representation, or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to, you could be prosecuted for theft under state and/or federal law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/ or imprisonment for theft.